

SERIAL NUMBER <div style="text-align: center;">09/267,631</div>	FILING DATE <div style="text-align: center;">03/15/99</div>	CLASS <div style="text-align: center;">395 358</div>	GROUP ART UNIT <div style="text-align: center;">262 262</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">Q53632</div>
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APPLICANT

MASASHI AONUMA, KANAGAWA-KEN, JAPAN; MASAOKI OHTSUKA, KANAGAWA-KEN, JAPAN; TAKESHI FUNAHASHI, KANAGAWA-KEN, JAPAN.

****CONTINUING DOMESTIC DATA*******
VERIFIED
TL NO

****371 (NAT'L STAGE) DATA*******
VERIFIED
TL (NO)

****FOREIGN APPLICATIONS*******

VERIFIED	JAPAN	63316/1998	03/13/98
<u>TL (yes)</u>	JAPAN	87143/1998	03/31/98
	JAPAN	87359/1998	03/31/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/01/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 7	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 22
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Verified and Acknowledged _____

Examiner's Initials
Initials

ADDRESS

SUGHRUE MION ZINN MACPEAK & SEAS
2100 PENNSYLVANIA AVENUE NW
WASHINGTON DC 20037

TITLE

INTERFACING METHOD FOR NETWORK PRINTERS

FILING FEE RECEIVED

\$3,402

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

☐ All Fees
☐ 1.16 Fees (Filing)
☐ 1.17 Fees (Processing Ext. of time)
☐ 1.18 Fees (Issue)
☐ Other _____
☐ Credit

Done corrected 6.0.99

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/267,631	03/15/99	395 368	2763 2622	Q53632

APPLICANT

MASASHI AONUMA, KANAGAWA-KEN, JAPAN; MASAOKI OHTSUKA, KANAGAWA-KEN, JAPAN; TAKESHI FUNAHASHI, KANAGAWA-KEN, JAPAN.

****CONTINUING DOMESTIC DATA*******

VERIFIED

TL (NO)

****371 (NAT'L STAGE) DATA*******

VERIFIED

TL (NO)

****FOREIGN APPLICATIONS*******

VERIFIED	JAPAN	63316/1998	03/13/98
<u>TL (YES)</u>	JAPAN	87143/1998	03/31/98
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/01/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 7	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 20
Verified and Acknowledged <u>TL</u> Examiner's Initials _____ Initials _____					

ADDRESS

SUGHRUE MION ZINN MACPEAK & SEAS
2100 PENNSYLVANIA AVENUE NW
WASHINGTON DC 20037

TITLE

INTERFACING METHOD FOR NETWORK PRINTERS

FILING FEE RECEIVED \$3,246	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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